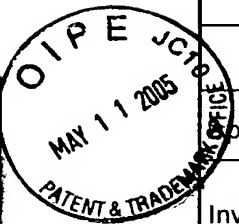


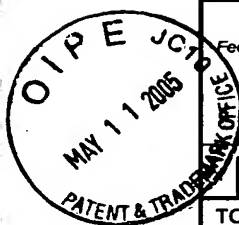
05-13-05

1/24/05



AMENDMENT TRANSMITTAL LETTER				Docket No. CTH-302A	
Application No. 10/791515-Conf. #2755		Filing Date March 1, 2004		Examiner E. E. Peavey	
Art Unit 3676					
Applicant(s): Henri V. AZIBERT					
Invention: BALANCED MECHANICAL SEAL ASSEMBLY					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	25	- 20 =	5	x 50.00	250.00
<b>Independent Claims</b>	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>570.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>570.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Anthony A. Laurentano Attorney Reg. No.: 38,220				Dated: <u>May 11, 2005</u>	
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV553862085US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.					
Dated: May 11, 2005		Signature:  (Anthony A. Laurentano)			

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/791515-Conf. #2755
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	March 1, 2004
		First Named Inventor	Henri V. AZIBERT
		Examiner Name	E. E. Peavey
		Art Unit	3676
		Attorney Docket No.	CTH-302A

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 12-0080    Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
 25    - 20 =    5    x    50.00    =    250.00

Multiple Dependent Claims  
Fee (\$)    Fee Paid (\$)

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
 4    - 3 =    1    x    200.00    =    200.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)    Fee Paid (\$)  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first monthFees Paid (\$)120.00**SUBMITTED BY**

Signature	<i>Anthony A. Laurentano</i>	Registration No. (Attorney/Agent)	38,220	Telephone	(617) 227-7400
Name (Print/Type)	Anthony A. Laurentano	Date	May 11, 2005		

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Dated: May 11, 2005

Signature: *Anthony A. Laurentano*

(Anthony A. Laurentano)